

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5						
6	2	1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
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50						
TOTAL IND.	3		2			
TOTAL DEP.	14	↔	15	↔		
TOTAL CLAIMS	17		17			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				↓		
TOTAL DEP.		↔		↔		
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS